WIMBORNE MINSTER URBAN DISTRICT

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR.....1972

WIMBORNE MINSTER URBAN DISTRICT

MEMBERS OF THE COUNCIL

CHAIRMAN ..... Councillor H.V. Purchase

VICE-CHAIRMAN ..... Councillor R.F. Corran

COUNCILLORS:-

E.A. Bishop

Mrs. M.G. Corran

C.H. Cowdry

S.I. Dennett

Mrs. S.M. Ell

F.W.J. Moore

R.H. Rodway

Mrs. F.E. Skidmore

J.W. Smith

W.C. Tapper

STAFF OF THE PUBLIC HEALTH DEPARTMENT

MEDICAL OFFICER OF HEALTH

Dr. G.B. Hopkins, M.B., Ch.B., B.Pharm., D.P.H.

holding appointments of:-

Senior Assistant County Medical Officer

School Medical Officer

Medical Officer of Health - Wimborne Minster Urban District

Medical Officer of Health - Wimborne and Cranborne R.D.C.

Medical Officer of Health - Borough of Blandford Forum

Medical Officer of Health - Blandford Rural District

contributing roughly:-

Wimborne Minster Urban District ..... ½ day per week

Wimborne and Cranborne Rural District ..... 1½ days per week

Borough of Blandford Forum ..... ¼ day per week

Blandford Rural District ..... ½ day per week

also

Medical Adviser to the Dorset Water Board

PUBLIC HEALTH INSPECTOR

W.R. Chick, M.A.P.H.I., M.R.S.H

SURVEYOR/HOUSING MANAGER

A.H. Carter

Area Office,
Health Clinic,
Rowlands Hill,
Wimborne Minster,
Dorset

Mr. Chairman, Ladies and Gentlemen,

I present my Annual Report for 1972.

"The old order changeth, yielding place to new"

At least one generation of writers has bemoaned the fact that when Aneurin Bevan initiated the otherwise admirable National Health Service in 1948 his labours gave birth to triplets which thereafter pursued courses so often emulated by siblings, if they did not actually hate each other as they grew up they could not be said to have overwhelmed each other with brotherly love. They were fostered out to very different parents, Regional Hospital Board, Executive Councils and Local Authorities. However, the gradually developing pressure to unify has been accompanied by examples of co-operation in the field sufficient to lend force to the arguments for unification, but, like the man who was an uncommon time a-dying, the unified health service has been an uncommon time a-hatching but the egg is not addled and the shell will break through on April 1st next. The work force involved will be anxiously waiting for some feathers to grow!.

TEN GREEN BOTTLES

The first Green Paper on unification emerged in July 1968. It was intended to provoke discussion. After consideration of over four hundred documents and consultation with nearly fifty organisations the government of the day, through Richard Crossman, Secretary of State for Social Services, issued in February 1970 a second Green Paper. This made firm decisions on the frame-work, and tentative proposals on details intended for further discussion.

The firm decisions were firstly to administer the unified national health service not through local authorities but by area health authorities directly responsible to the Secretary of State for Social Services. Secondly, to establish the administrative boundary to be drawn between the national health service and the allied services

/remaining with

remaining with local government, that is, public health and personal social services. Thirdly, to ensure that the new area health authorities would match the new local authorities.

To meet strong criticism about the absence of involvement of local people in the running of the health service below the area authorities the area boards were proposed to be about doubled from the original conception of about forty-five, to about ninety, and district committees of each area board were to be set up on which local people could contribute to the running of the service.

The absence of regional planning arrangements had also been criticised, especially for hospitals, and so it was proposed to establish about fourteen regional health councils with a main function of advising the Secretary of State and the area health boards on hospital and specialist plans for the regions, and on postgraduate education. The areas were to predominate and were to include local elected members of the various health professions.

This document transpired to be part of the swan song of the government but the new government was equally committed to pressing on with unification and recommenced the process by issuing in May 1971 a Consultative Document which was in effect a third Green Paper. This again laid down certain basic considerations and left others for negotiation, the main differences from the second Green Paper being the formal establishment of regional authorities as strong second tiers on the grounds that it would not be consistent with the government's determination to run a huge health organisation on efficient management lines for the central government department to try to directly supervise eighty to ninety area authorities. The interposition of a full scale second tier raised the spectre of a bureaucratic brontosaurus and the government were at pains to avoid this image by laying great emphasis upon the clear definition and allocation of responsibilities throughout the system, with "maximum delegation downwards matched by accountability upwards".

The area authorities, co-terminous with the proposed new local authorities, were to be the operational units responsible for planning, organising and administering health care services within their areas, and responsible also for managing the community health services to be run by one, two or three "districts", based on

/district general

district general hospitals, the fourth tier, the ground floor of the pyramid. Each area would administer its districts through a team of officers, to include a "district community physician" whose functions will be unlike that of former medical officers of health or of regional hospital board administrative officers in that they will comprehend a much wider and unified conception of provision of health care. The district community physician was to be responsible for the provision of medical advice to the new Local Authority district councils, although the Hunter Report on Medical Administrators envisaged this particular function as being performed by a medical officer from the area tier, as also subsequently did the Working Party on Collaboration with Local Authorities.

The Consultative Document also announced the pending initiation of a Management Study Group and Steering Committee to examine the existing administration of the individual parts of the N.H.S., the recommendations for the organisation of medical and nursing work made by the Cogwheel and Salmon Reports respectively, and the recommendations of the Hunter Working Party on Medical Administrators, and finally to recommend the best form of management structure for the new health service.

In order to make sure that the new local authorities continued to have medical advice necessary to their functions in education, the personal social services and environmental health, the Document proposed the establishment of a Working Party on Collaboration and Co-ordination between the new local authorities and the new health authorities.

The Document announced that the Central Department itself was being reviewed with the help of management consultants.

On membership of the various authorities the Document's proposals were different from those of the Second Green Paper, although more explicit. Emphasis on management expertise required selection on managerial ability rather than by election.

All the regional board members, including the chairmen, were to be appointed by the Secretary of State for Health and Social Security after consultation with the main local authorities, health professions and universities. The area health authority members, numbering about fifteen, will have their chairmen appointed by the Secretary of State, some members appointed by the local

/medical

medical and dental school and the rest by the Secretary of State, again after consultation with interested organisations including the main health professions, and including at least two doctors and one nurse or midwife acceptable to their professional organisations in the area. Assuming that the university representative is likely to be a doctor, there will be three doctors among a total of fifteen board members, and the Document accordingly states that strong professional advisory machinery should be established at regional and area level.

The chairmen of regions and areas may be remunerated on a part-time basis.

The Second Green Paper responded to criticism about the lack of representation at local level by proposing the setting up of district committees in each area with half their membership to be composed of local people. The present government felt that this would lead to confusion and has chosen instead to require the area authorities to set up community health councils for each of its districts, the populations of which are likely to be two to three hundred thousands. Such councils will be appointed after consultation with a wide range of interested local organisations, will be consulted on the development and operation of the health services in the district and will have the right to visit hospitals and institutions. It will produce an annual report.

The Document proposed to convert the present Executive Councils administering the family practitioners service into committees set up by the area authority, but dealing direct with the central department, and separately financed.

The area health authority will be closely concerned with plans for the development of general practice, e.g. health centres, health visitor attachments, and collaboration with local authority social services.

There were to be special arrangements for teaching districts.

THE WHITE PAPER - N.H.S. REORGANISATION, ENGLAND

The White Paper, the penultimate publication prior to the passing of the National Health Service Reorganisation Bill, appeared on the 1st August 1972 and followed closely the lines of the Consultative Document. The Bill itself was published on 15th November 1972. It established the necessary framework but left much detail to be dealt

/within

within subsequent Regulations and Orders. Two outstanding controversial subjects were settled. It transferred the school medical service to the N.H.S. and established health service commissioners to investigate complaints not otherwise dealt with to the satisfaction of complainants.

A staff advisory committee started work in the Autumn. Chaired by Sir Richard Hayward it settled down to considering procedures for transferring staff and safeguarding their interests.

In January 1973 a proposal for testing certain management hypotheses produced by the Management Study Group and Steering Committee in three or four pilot areas was made and Dorset and Bournemouth were chosen as one such area.

The Working Party on Collaboration with new local authorities divided into three sub-committees to study the various facets of collaboration which would need to emerge and the sub-committee on environmental health issued a semi-confidential report in May 1972 which was well received.

The present intention of the government is that the District Community Physician will be the individual responsible for advising the new District Councils but there is considerable doubt whether the manifold duties of this post would permit the incumbent to devote the necessary personal attention to this function likely to be acceptable to the new Councils. The Local Authority Organisations have already expressed the opinion that the medical adviser appointed through the N.H.S. to advise on environmental health matters should be a named officer acceptable to both parties and accountable primarily to the local authority in so far as its relevant statutory duties were involved. There seems to be a case for the "proper officer", as he has been called, being appointed from the area health authority with prior consultation and agreement with the one or more district councils involved, especially since the new district councils will be by no means necessarily coterminous with the health district.

So much organisation remains to be elucidated that it becomes apparent that quite senior posts in the new N.H.S. will still not have been filled by April 1974 and the smooth functioning of the new service will depend in no small measure upon the goodwill of numerous officers, continuing to perform the same functions as hitherto with the prospect of gradual change facing them for perhaps years ahead.

My 1970 report referred to the gradual movement westwards across Europe of rabies, primarily amongst foxes, secondarily transmitted to dogs, cats, cattle, sheep, horses, badgers, deer, bats and a few humans. Bearing in mind that a rabid rabbit will bite a dog no animal with rabies is safe for humans and the risk of contracting rabies on the Continent is a burdensome one which we do not face in this country. France has now had some five years experience and has taken increasingly vigorous steps, yet the disease is continuing to spread steadily westwards towards the Channel. In 1972 over 100,000 foxes were destroyed in France in an effort to thin out the primary vector. Frenchmen are not so addicted to dogs and cats as we are and one wonders if we should be if we experienced the hazards of living with rabies. Time may yet provide the answer, but in the meantime France is becoming tougher and tougher in its efforts to stop the spread of the disease. We still have dogs smuggled into this country, who knows how many?.

Smallpox continues to raise alarm despite the great advances made by the W.H.O. in co-operation with developing countries in the eradication of this ancient and still deadly disease. One case anywhere in the U.K. provokes repercussions throughout the country since so many people are immediately involved by requiring advice and vaccination in order to go abroad on holiday.

In 1972 even cholera, another ancient scourge of the human race, came nearer to home and a few cases returned to this country from abroad, but our healthy environment, particularly our generally excellent water supplies, protect us from any serious involvement.

Infectious hepatitis, not the same disease as serum hepatitis, and now a notifiable disease, crops up sporadically and necessitates contact tracing. Certain categories of contacts can be protected, if notification is prompt enough, by administration of a highly concentrated and purified extract from suitable human blood, a sort of instant antibody, and pregnant women are particularly advised to seek this

/protection

protection since their very busy livers are very susceptible to major and even fatal damage from this virus, which can be transmitted by faecal contamination of food and drink and probably by droplet infection through the atmosphere from person to person. Unrecognised cases are common and provide the reservoir from which stem the full blown cases. This parallels the mode of spread of poliomyelitis, and much research is being devoted to finding a vaccine with which infectious hepatitis could be as successfully banished as has been poliomyelitis.

Infectious mononucleosis, or glandular fever, a bugbear of young adults and children, often striking at students and interfering seriously with studies is another disease currently attracting much research attention.

The appalling deformities which can be produced in the unborn child by infection of the mother-to-be with German Measles virus are now well established and fairly well known. The vaccine to combat this disease is now years past the "drawing board" stage and the only problem remaining is to administer it to the susceptible group, that is girls who have not already had the disease and before they can become pregnant (and older women, with special precautions and an appropriate blood test). This sounds very simple but is in fact seriously complicated administratively by widespread and continuing ignorance of the fact that a history of alleged German Measles does not correlate with the presence of antibodies in the blood; the latter is the only true safeguard, and since it is impracticable to attempt to take blood for analysis from every school-girl the only safe procedure is for every girl to be given the vaccine, which is a very satisfactory one. We are a considerable way from achieving this aim.

Likewise measles, which is theoretically capable of being banished, ebbs and flows amongst the childhood population because we cannot persuade a sufficiently high proportion of parents to have their babies immunised.

/These diseases

These diseases provide examples of the vital need for health education for the propagation of which we now have a Health Education Council. In this context mention needs to be made of water fluoridation and the prevention of dental disease, the second biggest waster of industrial time, and the prevention of the toll of smoking and of V.D., especially amongst young persons. Health education is to be a function of the new unified health service and it is to be profoundly hoped that this facet of the new giant will be adequately funded and staffed.

The customary tables and information, and the report of the Public Health Inspector follow in their usual format.

This is presumably my penultimate, if not final, report under the old title of "Medical Officer of Health" and my future description (official!) will not be established for some time. Whatever it becomes for me and my colleagues one may hazard the guess that the general public will be thoroughly confused by it since the title "M.O.H." has come to mean something in the more than one century of its existence, but progress cannot be made without change and so, as Tennyson has King Arthur say - "The old order changeth, yielding place to new".

May I finally record my thanks to the Chairman and members of the Public Health Committee, for whom the old order changes equally dramatically, for their courtesy and consideration during the year.

George B Hoffin

MEDICAL OFFICER OF HEALTH

SEPTEMBER 1973

SUMMARY OF VITAL STATISTICS

Area in acres	654
Population as estimated by Registrar General	5,000
Estimated number of inhabited houses at 31.12.72	1,784
Rateable value at 1st April 1972	£291,561
Estimated product of 1p. rate on 1st April 1972	£2,830

AS SUPPLIED BY THE REGISTRAR GENERAL

LIVE BIRTHS	MALES	FEMALES	TOTAL
Legitimate	42	36	78
Illegitimate	1	2	3
DEATHS			
Deaths - all ages	35	57	92

	Wimborne Urban District	England & Wales	Admin. County
Standardised Birth Rate	16.4	14.8	14.9
Standardised Death Rate	13.1	12.1	10.3

VACCINATION AND IMMUNISATION

	Poliomyelitis		Diphtheria		Tetanus		Whooping Cough		Rubella	Measles
	P.	R.	P.	R.	P.	R.	P.	R.	P.	P.
Oral	159	274	152	105	159	207	149	13	40	118

P = Primary course
R = Reinforcing dose

HEAF TESTING AND BCG VACCINATION OF SCHOOL CHILDREN AGED 13 years IN WIMBORNE AND DISTRICT

550 children were tested and of these 53 were found to give a positive reaction. 16 had been given BCG previously.
519 children were vaccinated with BCG vaccine

SECTION A

AMBULANCE FACILITIES

The Ambulance Service is provided by the Dorset County Council. Control is centralised in Dorchester and the service operates from the Ambulance Station in Hanham Road.

PUBLIC HEALTH LABORATORY

This is attached to the Poole General Hospital and provides a free service for the bacteriological examination of human specimens, food, milk and water.

MATERNITY AND CHILD WELFARE SERVICES

The County Council provides an Infant Welfare Clinic in Wimborne every fortnight. This is held at the Health Clinic, Rowlands Hill.

HOME HELP SERVICE

The local organiser for the Urban and Rural Districts of Wimborne attends to the detailed administration of this valuable service which has grown steadily since its inception. The organiser is based at the Ferndown Health Clinic and may be telephoned from 9 to 10.30 a.m. from Monday to Friday.

SECTION B

PREVALENCE OF INFECTIOUS DISEASES

Measles 8

TUBERCULOSIS

At the end of the year the number of cases in the Tuberculosis Register were as follows:-

PULMONARY		NON-PULMONARY	
Males	7	Males	Nil
Females	4	Females	1

SECTION C

SECTION C

STATISTICAL TABLES - 1972

CAUSES OF DEATH	MALE	FEMALE
Malignant Neoplasm, Stomach	2	-
Malignant Neoplasm, Intestine	3	5
Malignant Neoplasm, Lung, Bronchus	3	-
Malignant Neoplasm, Breast	-	2
Malignant Neoplasm, Uterus		2
Leukaemia	-	2
Other Malignant Neoplasms	1	3
Other Diseases of Nervous System	-	1
Chronic Rheumatic Heart Disease	1	1
Hypertensive Disease	-	1
Ischaemic Heart Disease	11	14
Other forms of Heart Disease	2	1
Cerebrovascular Disease	3	8
Other Diseases of Circulatory System	1	3
Influenza	1	4
Pneumonia	3	4
Bronchitis and Emphysema	1	2
Other Diseases of Respiratory System	-	2
Intestinal Obstruction and Hernia	1	-
Birth Injury, Difficult Labour, etc	-	1
Other Causes of Perinatal Mortality	1	-
Motor Vehicle Accidents	-	1
All Other Accidents	1	-
TOTAL ALL CAUSES	35	57

Public Health Inspector's Report

PUBLIC HEALTH INSPECTOR'S REPORT

This brief section of the Annual Report has been prepared in an endeavour to deal with those aspects of a Public Health Inspector's duties which are the subject of such a review. Members will recall that, with Local Government reorganisation in the offing, my appointment was on a temporary basis, until such time as reorganisation became effective. Because of this situation, and because the duties of Surveyor to the Council have been carried out by my colleague, Mr. Carter, the facts and figures which follow, are of necessity more limited in scope than in the past.

Much of the time available was spent on supervision at the "Friday" market, and as a result there was a marked improvement in the handling and storing by the traders selling items of food. In addition, the site Owners agreed upon the provision of better facilities for persons using the market, and when these are completed, there should be a further improvement in standards. Forty six visits were made to food premises in the town, and this preliminary survey indicated that quite an amount of work was necessary to bring some of the premises to the standard required by Food Hygiene Regulations.

Administration of the legislation dealing with the issue of Qualification Certificates and Improvement Grants has been dealt with by Mr. Carter, from whom the following figures have been obtained:

Qualification Certificates received	9	- Approved 5
Improvement Grants received	14	- Approved 11
Standard Grants received	19	- Approved 17

During

During the summer complaints were received as to the operation of chimes on an ice-cream vehicle after the specified time of 7 p.m. The Council authorised proceedings to be taken if necessary, but the threat of legal action sufficed, and no further action was necessary.

A regular check was made of the quality of the water supplied from an artesian well and used by industrial premises in the town. Ten samples were taken and all were satisfactory.

MINISTRY OF AGRICULTURE, FISHERIES AND FOOD
ANNUAL REPORT ON RATS AND MICE
Prevention of Damage by Pests Act 1949
YEAR ENDED 31st DECEMBER 1972

Local Authority: Wimborne Minster U.D.C.
County: Dorset

	Type of Property	
	Non-Agricultural	Agricultural
PROPERTIES OTHER THAN SEWERS		
1. Number of properties in district	2250	2
2. a. Total number of properties (including nearby premises) inspected following notification	112	-
b. Number infested by (i) Rats	59	-
(ii) Mice	53	-
3. a. Total number of properties inspected for rats and/or mice for reasons other than notification	19	
b. Number infested by (i) Rats	8	
(ii) Mice	11	
SEWERS		
4. Were any sewers infested by rats during the year?	No	

DEPARTMENT

DEPARTMENT OF EMPLOYMENT

THE OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

Annual report under section 60 to the Secretary of State for the year ended 31st December 1972

for Wimborne Minster U.D.C.

TABLE A

REGISTRATIONS AND GENERAL INSPECTIONS

Class of premises	Number of premises newly registered during the year	Total number of registered premises at end of year	Number of registered premises receiving one or more general inspections during the year
(1)	(2)	(3)	(4)
Offices	5	50	21
Retail shops	3	70	38
Wholesale shops, warehouses	-	2	-
Catering establishments open to the public, canteens	-	5	3
Fuel storage depots	-	-	-
TOTALS	8	127	62

TABLE B

NUMBER OF VISITS OF ALL KINDS (INCLUDING GENERAL INSPECTIONS) TO REGISTERED PREMISES 74

TABLE C

ANALYSIS BY WORKPLACE OF PERSONS EMPLOYED IN REGISTERED PREMISES AT END OF YEAR

Class of workplace	Number of persons employed
(1)	(2)
Offices	301
Retail shops	341
Wholesale departments, warehouses	5
Catering establishments open to the public	25
Canteens	
Fuel storage depots	
Total	672
Total: Males	279
Total: Females	393